

Bridging Community-based Continence Promotion and Primary Care (WI-INTUIT)



Lead organizations

The Medical College of Wisconsin (MCW)

MetaStar, Inc.

Partner organizations

Wisconsin Institute for Healthy Aging (WIHA)

Wisconsin Department of Health Services (DHS)

the Greater Wisconsin Agency on Aging
Resources (GWAAR)

American Urogynecological Society (AUGS)

Wisconsin Research and Education Network
(WREN)

Wisconsin Network for Health Research (WiNHR)

Principal investigators

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Geographic region

Wisconsin

Project period

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Project Overview

WI-INTUIT is comparing streamlined practice facilitation (SPF) and SPF in combination with partnership building. SPF encompasses well-established strategies from Expert Recommendations for Implementing Change (ERIC) with the central strategies being facilitation and promoting adaptability. A menu of configurable solutions based on the 5 A's (Ask, Advise, Assess, Assist, Arrange) will be adopted by the primary care practices using participatory design principles and the menu will be modified for each practice's context and priorities. Academic detailing and change champions will support implementation.

SPF with partnership building will engage community resources and enable coalition building. In addition to a practice facilitator, a partnership facilitator from Wisconsin Institute for Healthy Aging (WIHA) is identifying existing local community resources for potential practice partnerships. An online learning community also be established to share information and connect practices. The American Urogynecological Society (AUGS) and the network of pelvic floor specialists in Wisconsin are committed to identifying local specialists and fulfilling requests for referrals across the state.

Characteristics of the Primary Care Systems and Patients Served

Participating practices mirror the state population of Wisconsin overall, whose demographics roughly reflect the U.S. population. A wide variety of practices are included (owned by or affiliated with large health systems, federally-qualified health centers, tribal clinics, and independent practices). Comorbidities associated with UI are common with more than 30 percent of Wisconsin adults affected by obesity and 31 percent of older adults living with a disability.

Thirty-four practices that provide primary care services for adult women have enrolled in the WI-INTUIT project. Participating practices include several members of the Wisconsin Network for Health Research (WiNHR), the Wisconsin Research and Education Network (WREN), or The Medical College of Wisconsin (MCW). WIHA, is working to connect the practices to community-based organizations and has already built capacity to deliver community-based UI treatment programs in 21 of Wisconsin's 72 counties.

Goals

WI-INTUIT seeks to compare streamlined practice facilitation (SPF) alone with SPF plus partnership building. The goal of the intervention (UI-Assist) is to increase evidence-based screening and treatment of urinary incontinence (UI) in primary care. WI-INTUIT will build partnerships between primary care practices and existing community and subspecialist organizations to overcome barriers to increase diagnosis and treatment of UI among women in primary care.



Aims

1. Compare implementation fidelity of UI-Assist using streamlined practice facilitation with or without supplemental partnership building.
2. Examine the impact of implementation strategy and contextual factors on UI-Assist's Reach, Adoption, Implementation, and Maintenance.
3. Identify the impact of UI-Assist and contextual factors on patient-reported outcomes.

Evaluation Overview

WI-INTUIT will align evaluation analysis with the RE-AIM framework to determine whether the implementation of UI-Assist was successful for each practice. The team will use the Consolidated Framework for Implementation Research (CFIR) to explain why implementation succeeded or failed for each practice and to identify relevant modifiable factors that can promote or undermine RE-AIM outcomes. The team will compare the two implementation strategies through a Type 3 Hybrid Effectiveness Implementation Trial.

For Aim one, implementation fidelity will be measured by pre-/post-implementation differences between study arms in the proportion of women reporting having been screened for UI at each practice.

For Aim two, supplemental partnership building in addition to streamlined practice facilitation will be examined to assess reach, adoption, implementation, and maintenance of UI-Assist, including an economic evaluation.

Lastly, the team will evaluate outcomes important to patients. Improvement in UI will be measured by the Patient Global Impression of Improvement (PGI-I) tool assessed via a 90-day survey and the International Consultation on Incontinence Questionnaire Short Form (ICIQ-SF) assessed at baseline and 90 days.

Quick Numbers as of January 2024

34 participating practices

32 primary care practices have received tailored community resource lists

27 practices have launched their implementation

21 practices are actively implementing UI-Assist

785 patient-reported outcome surveys collected

Notable Features

- Applying proven implementation strategies and commonly used frameworks in dissemination and implementation research to improve the diagnosis and treatment of UI in primary care.
- Empowering primary care practices with participatory design principles from community-based participatory research and human factors engineering.
- Maximizing efficiency and promoting adaptability to context via configurable implementation solutions.
- Tailoring research questions and approach to practices' context.
- Remuneration of primary care practices for research participation.
- Testing impact of partnership building as implementation strategy.

“Over 60% of older women experience UI symptoms, yet few seek care. With more than 75% of women wanting their primary care provider to ask about their symptoms, WI-INTUIT will help support primary care providers in the diagnosis of UI and will help connect women to non-surgical treatment options. This project is designed to streamline primary care providers' role in the management of UI and improve patients' quality-of-life.”

- The WI-INTUIT team
